PART B - FEE(S) TRANSMITTAL

Complete and send this form, together wan applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION IEE (if required). Blacks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fee will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| 7055 7590 05/19/2006 GREENBLUM & BERNSTEIN, P.L.C. 1950 ROLAND CLARKE PLACE RESTON, VA 20191 | | | | Fee(s) Transmittal | Foci) Transmittal, This certificate cannot be used for any other accompanying spapers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I beroby certify that this Foci) Transmissi is being deposited with the United States Postal Service with sulficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facinitie transmitted to the USPTO (271) 273-2885, on the date indicated below. | | |
|---|--|---|---|---|--|--|--|
| | | | | I hereby certify the States Postal Servi addressed to the transmitted to the I | | | |
| | | | | | | (Depositor's name) | |
| | | | | | | (Signature) | |
| | | | | | | (Date) | |
| APPLICATION NO. | FILING DATE | FIRST NAMED INVI | | D INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/043,318 01/14/2002 | | Nabuaki Abe | | iki Abe | P21596 | 6294 | |
| TITLE OF INVENTION: IN | MAGE INTERPOLATING | DEVICE | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | | \$300 | \$1700 | 08/21/2006 | |
| ÉXAMINER | | ART UNIT | | CLASS-SUBCLASS | | | |
| NGUYEN, HAU H | | 2628 | | 345-589000 | _ | | |
| (A) NAME OF ASSIGNEE PENTAX Corporation Please check the appropriate assignce category or categories (will not be p | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively (2) the came of a single firm (having as a member a 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) class will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) TOKYO, JAPAN rinted on the patent): Individual **D Corporation or other private group entity Government b. Psyment of Fee(s): A check in the amount of the fee(s) is enclosed. Prysment of Fee(s): Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Prysment of Fee(s): Compared to the private group entity Government of the group entity Government | | | | |
| | MALL ENTITY status. Sec | 37 CFR 1.27. | ☐ b. Applic | ant is no longer elaiming SN | MALL ENTITY status. See 37 C | FR 1.27(g)(2). | |
| Authorized Signature | Myller | Milliam | Diones | Date_ | usly paid issue fee to the applic registered attorney or agent; or in the second strength of the second strength of the second s | | |
| submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313- | for reducing this burden, sinia 22313-1450. DO NOT | O. Time will vary hould be sent to the SEND FEES OR C | depending up Chief Infor | notion is estimated to take bon the individual case. Any nation Officer, U.S. Patent a D FORMS TO THIS ADDRI | on No. 29,027 by the public which is to file (at 12 minutes to complete, includir comments on the amount of transfer of Trademark Office, U.S. Dependent of the commissioner of the commi | ng gauering, preparing, and me you require to complete sartment of Commerce, P.O. for Patents, P.O. Box 1450, | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.